## Action Notice of Appointment Form LIC 447-54A (Rev. 3/2006)

Pursuant to Sections 1704 through 1707 and/or 1673 or 1756 of the Insurance Code								
Ins	urer Name:							
FEI Fede	IN: eral Employer Ide	NAIo	C #	CA Company #				
				Notice is hereby given the d herein to act as its agen		m the date sh	nown on this notice,	
	_	form with an Individual the form to the application		or a Non-Resident Individu	al Application, p	olease submit	only one name per	
*Appoint Type: FX: Fire and Casualty  TA: Travel  PL: Personal Lines  HP: Home Protection  NOTE: Only one appointment type per line.						ption form 427-10)		
	Appoint Type *	Social Security/ FEIN	License #	Name: As shown on license			Effective date	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Sig	nature of ins	urer: Signature must be that of	an officer of the Company	or a person authorized under a Spec	ial Power of Attorney	on file with the D	Department.	
Name Official Title Phone Number ( )					Date			
Fili	ing fees: Su	ubmit \$24 per appointm	nent type. Enter	number of appointments		\$24 =	\$	
1. If you are submitting only an action notice <b>Mail Action Notice and fee to:</b> California Dep P. O. Box 928							Insurance	
		<u>OR</u>		Sacramento, Ca 95812-0928				
	2. If Action Notice is being submitted with original application  Mail Action Notice with Application and fee to:					California Department of Insurance P. O. Box 1139 Segregary Co. 05812, 1130		
Receipt Code: 8160					Sacramento, Ca 95812-1139			